

CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R15 / 5-19) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

								FILE NUMBER	
1. IS THIS AN AMENDMENT?	☐ Yes	No If Ye	s, please enter	the file no	ımbei	in this box.	\rightarrow	46-20-37	
SECTION A. CANDIDATE	INFO	PMATION: EI	ll in all applic	ahla hay	20.20	fully and a	COURS	tely as possible.	
2. Last Name		rst Name	Middle Na			Nickname	CCUIA	3. Type of Committee (Check one)	
G.		1		-				Candidate's Principal Committee	
Dievens	\	Leather		\		10		☐ Exploratory Committee	
4. Mailing Address (number and street, city,	state, and a	ZIP code)		5. FAX (Opti	onal)	1	6. E-mail	Address (Optional)	
5277 W 1475	5	Hanna	DN 44341	())	ne athe	erstwensfore lerk @ anail. con)
7. City	State	ZIP Code	8. County		9. Tele	phone (Day)		10. Telephone (Evening)	
Hanna	IN	41,340	harry		1219	1851-84	101	()	
11. Party Affiliation			12. C	ffice Sought	(Includ	e district number	r, if any. N	lot required for an exploratory committee.)	
☐ Democratic ☐ Libertarian ☐ Reput						e Circu			
				able box	es as	fully and a	ccura	tely as possible.	
13. Full Name of Committee (Do not abl		A THE STATE OF THE	s a new name.						
	eve	75		145.54	V (0 "	n T.			
14. Mailing Address (number and street, city			k if this is a new add	ress. 15. FA	X (Optio	8		Address (Optional)	
5277 W 14755		ma, on		()		neast	er Stivens for Clerk or and a. 20. Committee Organization Date	com
17. City	State	ZIP Code	18. County					(mm/dd/vv)	
Harra	2n	46340	ha to	rte		1851-840	10	01/27/2020	
21. Chairperson's Full Name	ignate Ca	andidate as Chairpers	son. Check if t	his is a new o	chairper	son.			
Weather St	wer	19							
22. Mailing Address (number and street, city	, state, and	ZIP code)	k if this is a new add	ress. 23. FA	X (Optio	onal)	24. E-mai	I Address (Optional)	
5277W1475 =	L,	anna, on	410340	()	1	water	stevens for cler ta amail	000.3
25. City	State	ZIP Code	26. County		27. Tel	ephone (Day)	- Court	28. Telephone (Evening)	, Cuii
Jama	20	46340	LaPors	0	(219	1851-84	01	()	
29. Bank or Other Depositories (List all	-	other depositories in	which the committe	e deposits fui				deposit boxes or maintains funds.)	
30. Exploratory Committee (Give brief state	ement exp		2 CO 0 2 CO 0 CO 0 CO 0 CO 0 CO 0 CO 0 C					e committee pay the candidate a salary or a a copy of the contract.)	
SECTION C. APPOINTME 32. I, as Chairperson of the						Signature	f the Co	mmittee Chairperson	
committee, appoint the following			ointed Treasurer			Signature	i the Col	minitee Chairperson	
Treasurer of the Committee.	-	Hear	ther 5th	uns		17/12	ath	r Sturns	
33. Treasurer's Full Name Design	ate cand	idate as treasurer.	☐ Check if this is a	a new treasur	er.	(
Heather Steve	15								
34. Mailing Address (number and street, city	, state, and	I ZIP code)	k if this is a new add	ress. 35. FA	X (Optio	onal)	36. E-mai	Il Address (Optional)	
5277 W1475 5	HC	unna, In	44340	()	1	New	erstwens for clerk @ gmoul	16 pm
37. City	State	ZIP Code	38. County			ephone (Day)		40. Telephone (Evening)	
Hanna	Dr	44340	La Per:	41	1219	1851-84	101	()	
SECTION D. ACCEPTANG	E OF	APPOINTMEN	NT (IC 3-9-1-1	5)					
41. I give notice that I accept						gnature of Per	son Ac	cepting Appointment	
Committee. I am not the chairp permitted for a candidate committed			inance committe	e (except	as	Alent	his	Shivens	
SECTION E. CERTIFICAT			Т			1.11/14	A U	FOR OFFICE USE ONLY	
We certify as the candidate an				he Comm	ittee a	nd that we	have		
examined this statement. To the b	est of c	our knowledge an	d belief it is true		d com	plete.		FILED	
42. Typed or Printed Name of Cha	irperso	n Signature o	of Chairperson			Date (mm/dd/yy)		IN CLERKS OFFICE	
Heather Stew	105	Allen	thu S	Levens	7	MATILANI	20		
43. Typed or Printed Name of Can	didate	Signature o	f Candidate		7	Date (mm/dd/yy)			1
1/001/201	00	1		1		0.107100	20	JAN 2 7 2020	
Warning: State law requires that any of	hange in	this information ha	reported within ton	(10) days o	f the ch	BI 27 20			
person who knowingly files a fraudulent									
accurate report as required by the India	na Camp	oaign Finance Law o					ay be	Kengage Andre Commerce	
subject to civil penalties (IC 3-9-4-16, IC 3	J- J-4- 1/,	and 10 3-9-4-10).						LERK OF LA PORTE CIRCUIT COURT	7

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

No

Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

(CFA-4) Summary Sheet

FILE NUMBER

Ala-20-37

TOTAL PAGES IN ENTIRE CFA-4 REPORT

TO THIS ALL PRINCIPLE TO THE INC			0
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new	name.		
The Committee to Elect Heather Stevens			
2. Acronym or Abbreviated Name (if any)	3. Con	nmittee Telephone Number	
NIA	1210	7 1851-8401	
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if t	his is a new address.	
5277 W 14755	T - 2		
5. City, State, ZIP Code	1	y Affiliation (if applicable)	
Hanna, In 46240	STATE OF TAXABLE PARTY.	Publican	
CANDIDATE INFORMATION (For Candidate's C		y Affiliation or If Independ	ont Condidate
7. Full Name of Candidate (Include any nickname.)			ent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		unty of Residence	
1 ers of the property orant	10	Porte	* x 1
TYPE OF REPORT			ON CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Co	nvention
Final / Disbands Committee (Lines 18, 19, and 20 must be *0*.) Utgoing Treasurer (Within ten (10) days amend State	tement of Org	ganization.) Dost-Co	onvention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 0108 2020 Through: 05 108 2020		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	18	8	
14. Cash on hand and investments January 1, current year.	78		0
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		\$1000:00	\$ Le00, 00
15b. Unitemized		-Ø	8
150. Add lines for any form social line.	TOTAL	\$ 1000.00	\$ 600.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	\$ 600.00	\$ 600.00
EXPENDITURES	Jan Man		
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		13	8
17b. Unitemized		0	- D
17c. Add lines 17a and 17b in both columns.	TOTAL	0	8
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	\$400.00	0
19. Debts OWED BY the committee (Use Schedule D.)		0	
20. Debts OWED TO the committee (Use Schedule E.)		0	
CERTIFICATION	Snez is	RATE AND AND AND	FOR OFFICE USE ONLY D
RTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO	RUE, COR	RECT AND COMPLETE.	IN CLERKS OFFICE
gnature of Treasurer Title		Date (mm/dd/yy)	
Teather Stevens	Q.	5/14/2020	MAY 1 5 2020
Signature of Candidate (if applicable)		Date (mm/dd/yy)	
Meather Durens	(IC 2 0 4 5	5/14/2020	Koupen Al Robert
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate	te report as	required by the Indiana	LERK OF LA PORTE CIRCUIT COUR



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FIL	E NUME	ER		
Y					
Page _	2	of	1	>	

individual makes at least \$1,000 in contributions during the calendar year	ear. Otherwise, this is optional.			
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
Mike Rosenbaum CPA 1515 Indiana Que Laforte, On 44350	Contributions: Direct In-Kind (describe)	(*) (*)		01/24/2020
40 a	Other Receipts: Interest Loan Miscellaneous (specify)	\$100.00	\$100.00	V.15. 15.00.0
Contributor's Occupation (if required) PA				
Mitchell Feikes MF Builders 1328 Lakeside St Laforte: In 46350	Contributions: Direct In-Kind (describe)		8 0 (2)	0210913030
The state of the s	Other Receipts: Interest Loan Miscellaneous (specify)	5500. [∞]	\$600°00	
Contributor's Occupation (if required) DWNLY				
3.	Contributions: Direct In-Kind (describe)		e	
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)	a		
	Other Receipts: Interest Loan Miscellaneous (specify)	.52		-
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		- ,	
Contributor's Occupation (if required)				
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 600,00		
TOTAL OF ALL PAGES OF SCHEDULE A	A ON THE LAST PAGE ONLY 115a of the Summary Sheet.)	\$ 1,00.00		

State Form 4606 (R15 / 5-19) Election Division (IC 3-9-5-14) Indiana

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page_	3	of	10	

	CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
	FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.	Street, number, city, state, 211 code	Contributions: Direct In-Kind (describe)		2	
		Other Receipts: Interest Loan Miscellaneous (specify)	9	¥	
2.		Contributions: Direct In-Kind (describe)			-
		Other Receipts: Interest Loan Miscellaneous (specify)	_	est G	427 24
3.	4	Contributions: Direct In-Kind (describe)		74 g	
		Other Receipts: Interest Loan Miscellaneous (specify)		9	El .
4.		Contributions: Direct In-Kind (describe)			
,	-	Other Receipts: Interest Loan Miscellaneous (specify)			ı
5.	e e	Contributions: Direct In-Kind (describe)	***		
		Other Receipts: Interest Loan Miscellaneous (specify)	-		
	SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ \$		
	TOTAL OF ALL PAGES OF SCHEDULE		\$ 600.00		

State Form 4606 (R15 / 5-19) Election Division (IC 3-9-5-14) Indiana

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER						
	3					
Page _	H	of _	10			

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A ·	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions: Direct In-Kind (describe)		2 1	
	Other Receipts: Interest Loan Miscellaneous (specify)		,	
2.	Contributions: Direct In-Kind (describe)	3	2	
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct in-Kind (describe)			å
٥	Other Receipts: Interest Loan Miscellaneous (specify)		,	6
4.	Contributions: Direct In-Kind (describe)	-	,	3
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)	w s'		
	Other Receipts: Interest Loan Miscellaneous (specify)	a a		
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 0		
TOTAL OF ALL PAGES OF SCHEDULE A		\$100.00		

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER				
	0)				
Page_	5	of	10		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
	☐ Direct ☐ In-Kind (describe)			t e
	Other Receipts: Interest Loan Miscellaneous (specify)	943.	i e	
2	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)	-	o	
3.	Contributions: Direct in-Kind (describe)			4
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			×
5.	Contributions: Direct In-Kind (describe)			> 1
	Other Receipts: Interest Loan Miscellaneous (specify)		۰	-
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 8		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$1,000,00		

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committees). All transfersion and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER		
		*	
Page _	(Q of 10		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	-	ja	
	Other Receipts:		3.	
	Miscellaneous (specify)			9
2.	Contributions: Direct In-Kind (describe)		590	
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)	63		
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)	1		
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)	×		
	Other Receipts: Interest Loan Miscellaneous (specify)			
SURTOTAL	THIS PAGE OF SCHEDULE A	\$ 8		
TOTAL OF ALL PAGES OF SCHEDULE A				
	15a of the Summary Sheet.)	\$ (000,00		



State Form

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUME	BER	
				·
Page _	П	of_	10	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:		0.	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	An order of	F	
\de		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		8	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			8
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
×	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$ \$		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of th	LAST PAGE ONLY	\$.0 .		

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

	FILE	NUMBI	ER	
Page _	8	of _	10	

			Page _		10
	PUBLIC QUESTIO	N INFORMATION			
Enter Text of Public Question.					
				2	Œ
Type of Question: Statewide Dosition: Supported Doppos	Local				
State of the state		TYPE OF EXPENDITURE	COLUMN A	COLUMN B	· DATE OF
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	.EXPENDITURE (mm/dd/yy)
Code	TEN TAKE SARAH SARAH MATA	☐ Direct ☐ In-Kind	WASTER SET		216 224 7 2 7 6 11
, ,		Payment of Debt Returned Contribution			
		☐ Other			
v	2	Purpose:			
		☐ Direct ☐ In-Kind	•		
ode		Payment of Debt			
		Returned Contribution Other			34
		Purpose:		*	
Code		☐ Direct ☐ In-Kind			
Code		Payment of Debt Returned Contribution			
		Other	2		
		Purpose:			8
Code		☐ Direct ☐ In-Kind			
Code		Payment of Debt Returned Contribution			
_		Other			
- ÿ _K		Purpose:			×
Code		☐ Direct ☐ In-Kind			
Code		Payment of Debt Returned Contribution	į.	9	
		Other			
*		Purpose:			
Code		☐ Direct ☐ In-Kind			
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		Purpose:			.2
	SUBTOTAL THIS PAG	SE OF SCHEDULE C	\$ 0	;	
TOTAL OF ALL PAGE	ES OF SCHEDULE C ON THE	LAST PAGE ONLY			
12760 577	(Enter total on ITEM 17a of to	he Summary Sheet.)	\$		

REPORT OF A PO

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19) Election Division (IC 3-9-5-14) Indiana

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE	NUMB	ER
		3	
Page _	4	of _	10

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME	· AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
	×		- 14		
α.				£0	
LENDER'S OCCUPATION:		E DONAL AND DESIGNATION OF THE			
LENDER'S OCCUPATION:					
				=	
LENDER'S OCCUPATION:	9				
,					
		e			
LENDER'S OCCUPATION:		9			
		-			
					2
LENDER'S OCCUPATION:					
				*	
LENDER'S OCCUPATION:					
					×
LENDER'S OCCUPATION:					
		SUBTOTA	L THIS PAGE O	F SCHEDULE D	\$ 8
	TOTAL OF ALL	PAGES OF SCHEDUL (Enter total on l	E D ON THE LA TEM 19 of the S	ST PAGE ONLY ummary Sheet.)	\$ 0

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE	NUMBE	R .	
Page_	10	of _	10	

CO-SIGNER'S NAME	ORIGINAL AMOUNT	DATE DEBT CUMULATIVI	E OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy) YEAR-TO-DA	PERIOD
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	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code) NATURE OF DEBT NATURE OF DEBT SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULI	AND MAILING ADDRESS (if any) INCURRED PAID



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

Yes N

(CFA-4) Summary Sheet

FILE NUMBER

46-20-37

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
Full Name of Committee (as on Statement of Organization) Check if this is a new	name.		
The Committee to Elect Heather Stever			
2. Acronym or Abbreviated Name (if any)	3. Com	nmittee Telephone Number	
NIA	121	91851-84	01
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if the	nis is a new address.	
5. City, State, ZIP Code	6. Part	y Affiliation (if applicable)	
Hanna, In. 46340	Re	Dublican	
CANDIDATE INFORMATION (For Candidate's C	Committe	ees Only)	
7. Full Name of Candidate (Include any nickname.)	8. Part	y Affiliation or If Independe	nt Candidate
Heather Stevens	h	epublican	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		unty of Residence	
Clerk of the Circuit Court		a torse	
TYPE OF REPORT			ON CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Uoutgoing Treasurer (Within ten (10) days amend Sta	tement of Org	ganization.)	nvention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 05 09 2020 Through: 10 09 2020		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		20000 CD	
14. Cash on hand and investments January 1, current year.			0
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		the Control of	CONTRACTOR STATE
15a. Itemized (Use Schedule A.)		\$3090	\$ 36 do 00_
15b. Unitemized		\$ 6	3
20-00-200, April 190-200 - Desperator 1 - March 40 (190) - 1900 - 200 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 -	TOTAL	\$3090.00	\$3690.00
TO AN ACTUAL SOCIETY TO THE METERS OF THE SOCIETY O	TOTAL	\$3490.00	73690.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)		WAS TRUE AND A STATE OF THE STA	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		\$ 3240.27	±3240,27
17b. Unitemized		1	\$ 0
17c. Add lines 17a and 17b in both columns.	TOTAL	\$ 3240.27	\$3240,27
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	\$449.73	5449,73
19. Debts OWED BY the committee (Use Schedule D.)		3 P	
20. Debts OWED TO the committee (Use Schedule E.)		5 A	三三三三
CERTIFICATION	AT 1 5 6 6 7		FOR OFFICE USE ONLY
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	RUE, COR	CONTRACT NAME OF STREET	Service Control of the Control of th
Signature of Treasurer Title			LED
Heather Shivers Treasurer Candida		TO TO TO	CLERKS OFFICE
Signature of Candidate (if applicable)	1	Date (mm/dd/yy)	
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accura Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-14-1-14)	ate report a	s required by the Indiana	T 1 6 202 0
		CLERK OF L	Kertyu Al Andrek



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER				
Page	of			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	ON OTHER REGELT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions:			
Duane Miller	In-Kind (describe)			06/4/2020
NIA	Other Receipts:			05/14/2020
Latore In 41250	☐ Interest ☐ Loan ☐ Miscellaneous (specify)	\$200.00		
Contributor's Occupation (if required) NIA-Reticed		1200.		
2.	Contributions:			
	Direct In-Kind (describe)			
Mitch Feikes				5/11/2020
1328 Lakesi de St	Other Receipts:			
La Porte In 44350	Miscellaneous (specify)	65000		
Contributor's Occupation (if required) MFB wilders		5500.00		
3.	Contributions:			
	Direct			
Allen Stevens	In-Kind (describe)			
5277 W 14755	Other Receipts:			10/01/2020
Hanna, In 44340	☐ Interest ☐ Loan			
100 100 1-00-000 101 0) III 0	Miscellaneous (specify)	4 -5		
Contributor's Occupation (if required) INDOT Employee		₾1500.00		
4.	Contributions:			
	In-Kind (describe)			
Qualitaria Vadd				09/18/2020
Richard Bodd	Other Receipts:			0 11161 2020
Harna In 46340	Interest Loan			
0	Miscellaneous (specify)	\$ 100.00		
Contributor's Occupation (if required) Ketived				
5.	Contributions:			
C =	☐ In-Kind (describe)			
Gregg Fuhlenbrock 4688 W14759 Hanno en 46340				12/15/2020
4688014755	Other Receipts: Interest Loan			
Harris archisar	Miscellaneous (specify)			
Contributor's Occupation (if required) Retired	30 N F650	540.00		
SUBTOTAL 1	THIS PAGE OF SCHEDULE A	\$2,340		
TOTAL OF ALL PAGES OF SCHEDULE A		\$		
(Enter total on ITEM	15a of the Summary Sheet.)	0.97		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

Page	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
Tim Stabosz 1501 michigan au Lafarre milysso	Other Receipts: Interest Loan Miscellaneous (specify)	5400.0		0606110101
Invistor				
2.	Contributions: Direct In-Kind (describe)			
Charlie Morgan Lessaw 400 ND	Other Receipts:			0711512020
Prefired	Miscellaneous (specify)	5100.00		
Ama amountina	Contributions: Direct In-Kind (describe)			
Ame Consulting 1516 mienigen Ave Labore on W. 350	Other Receipts: Interest Loan Miscellaneous (specify)			07/15/2020
Consusting from		\$250.90		
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 750.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$3,090		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
Page	of			

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A	COLUMN B	DATE OF
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)		AMOUNT THIS PERIOD	YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
Code	Digns	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	3500.00	3500.00	05/09/2000
Reprographic Arts 2824 Arichigan Blid michigan City Inchesus	Signs	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$675.€	\$1175.0	09/13/3030
CK Design 2384 E Sted 4 Calare on Me350	T-Shirt Design	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$172.27	\$172.27	08/18/3030
Code WIMS LESSE WISN MUNIGENCING ON UN 340	Radio Station	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$936°æ	3 936.°	10105/2020
Reprographic Arts	signs	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$957.ºº	\$2132.	(0108/2020
Michigan City on 44340 Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
! 	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$3240.9		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 3240.27		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILE NUMBER

He - 20 - 37

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATIO	N		多級多學是政策
1. Full Name of Committee (as on Statement of Organization)	ew name.		A CONTRACTOR OF THE PARTY OF THE
The Committee to Elect Heather Stevens			
2. Acronym or Abbreviated Name (if any)	3. Cor	mmittee Telephone Numbe	er
	(2	19 1851-840	16
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if	this is a new address.	
5. City, State, ZIP Code	6. Par	ty Affiliation (if applicable)	
Hanna 11N 46340	X	epublicas	
CANDIDATE INFORMATION (For Candidate's			
7. Full Name of Candidate (Include any nickname.)	8. Par	ty Affiliation or If Independ	lent Candidate
Heather Stevens	K	epublican	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	ounty of Residence	
Clerk of the Circuit Court TYPE OF REPORT	SULT IN THE	a torte	ION CANDIDATES ONLY
11. Check one:	EAST STORY	SERVICE TO BE SOURCE TO SERVICE THE SERVIC	THE REPORT OF THE PARTY OF THE
Pre-Primary Pre-Election Annual Nomination Other		Check one:	nvention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend	Statement of O		onvention
Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 1010 2020 Through: 12/31/2020		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		449.	TO THE REAL AND A
14. Cash on hand and investments January 1, current year.			(X)
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		1445.00	1894.00
15b. Unitemized		0	Ø
15c. Add lines 15a and 15b in both columns.	JBTOTAL	1445.00	1894.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	1894.00	1894.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	(786.4)	786.47	786,47
17b. Unitemized		0	0
17c. Add lines 17a and 17b in both columns.	UBTOTAL	7810.47	786.4A
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	1107.53	11.07653
19. Debts OWED BY the committee (Use Schedule D.)		()	13 15 15 K
20. Debts OWED TO the committee (Use Schedule E.)		V /	JAN 2 Objects only
CERTIFICATION	建造		FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT I		RRECT AND COMPLETE	"50
Signature of Treasurer Title		Date (mm/dd/yy)	JAN Sturens CO
Inature of Candidate (if applicable)		Date (mm/dd/yx)	My CRCVIII
L I ather Thurn		01/19/2001	L LIAN PORTE
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpo	se. (IC 3-9-4-	5) A person who knowingly	CLER OF LAPORT CREWIT CON
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or acc Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC	curate report a 3-9-4-16 IC 3	as required by the Indiaha	Cler



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

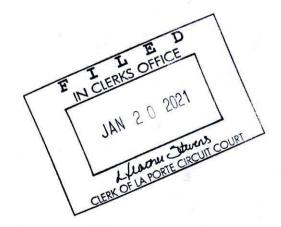
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER			
Page	of		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
Tim Stabosz 1501 Michigan Au La Porte, IN 44350	Other Receipts: Interest Loan Miscellaneous (specify)			10 12 2020
Contributor's Occupation (if required) Tryle Stor	INISCEIIANEOUS (Specify)	1,000.00	1400.00	
2. Duare Miller	Contributions: Direct In-Kind (describe)			
La Porte, IN 46350	Other Receipts:			1011212020
Contributor's Occupation (if required) Reticed	Miscellaneous (specify)	575	\$275.00	
3. Lynn Swanson	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)	°50		1011313020
Contributor's Occupation (if required) Deputy Coroner				
Jim Presser	Other Receipts: Interest Loan Miscellaneous (specify)	\$70.00		10/12/2020
Contributor's Occupation (if required)				
Dave Pendergast La Porte, IN 46350	Contributions: Direct In-Kind (describe)		E IN CLERKS	EFICE TOUR 18080
La Parte, IN 46350 Contributor's Occupation (if required) Reflected	Other Receipts: Interest Loan Miscellaneous (specify)	5,00.00	IN CLERKS C	0 5057
	THIS PAGE OF SCHEDULE A	\$1415-		- CUIL
TOTAL OF ALL PAGES OF SCHEDULE A		\$ 1445.00		
	, , , , , , , , , , , , , , , , , , , ,			

1) Teresa Bals- | Direct | \$100.00 | 10/12/2020





State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

.NSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER			
786	122		
Page	of		

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Vince Sartini LaPark. IN 44350	Radio Voice Over	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$100.00		1011212020
Code WCOE LaPorte, IN 44350	Radio Station	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _ Purpose:	\$297.59		1011412030
Liel Media POBOX 53 LaCrosse IN 412348	Newspaper	Payment of Debt Returned Contribution Other Purpose:	\$378.88		10/14/2030
American Legion Union Mills, In 46382	Hall Rental	Payment of Debt Returned Contribution Other Purpose:	\$100.		10/12/2020
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	E IN CLERK	S OFFICE	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	CLERK	Juanu Starry Juanu Starry OF LA PORTE CIRCLY	(CO)10"
SUBTOTAL THIS PAGE OF SCHEDULE B			\$786.47		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$786.47		